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Hospital Ties Can Hike Level Of Medical Care

Strong affiliations between teaching and community hospitals can have a far-reaching influence on a community's level of medical care.

That's why the appointment of Dr. Walter D. Gaisford as new chief of surgery at Latter-day Saints Hospital and associate professor of surgery at University of Utah College of Medicine is an important cooperation.

Dr. Gaisford is the second fulltime appointee to serve in this dual capacity. Dr. Don M. Nelson was appointed two years ago as chief of medicine at LDS Hospital and as a full professor at the U. medical school.

Together, the appointments form a significant step in the philosophical approach to medicine by the U. hospital. It marks a new trend in increasing community awareness and participation for the university facility.

Experience throughout the country has proven that community hospitals that have strong affiliation with medical schools rank high in patient care. And it's also generally agreed that the best hospitals in the country, with high standards of patient care, are the teaching hospitals.

Thus, increasing links between university hospitals and those in the community strengthen both in terms of improved teaching of medical students, interns and resident physicians; in patient care, and in research.

Often a hospital as relatively small as the University Hospital is somewhat restricted in its clinical material (patients) as to the number and variety of various diseases. By expanding the campus to include community hospitals, medical students can obtain considerably more experience.

In order for such an affiliation to function, however, both institutions must benefit. The main advantage to the community hospital is that it strengthens its own teaching program and make it possible for the hospital to get approved residencies, which are difficult to obtain nowadays without a university affiliation.

With spiraling medical costs, hospitals are being forced to look for every economy that can be effected without reducing the level of patient care. Such affiliations certainly are a step in this direction, with the added possibility of sharing expensive facilities to avoid wasteful duplication that can only drive the patient's bill higher.

The affiliation agreements between the University Hospital and Latter-day Saints Hospital, Holy Cross, the DeMcKay Hospital in Ogden and the Primary Children's Hospital are commendable. Now new avenues of cooperation should be explored.

